

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA

Case number (if known)

Chapter 11

☐ Check if this an  
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Transit Physical Therapy PC

2. All other names debtor  
used in the last 8 years

Include any assumed  
names, trade names and  
doing business as names

DBA Transit Physical Therapy

3. Debtor's federal  
Employer Identification  
Number (EIN) 81-5006275

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of  
business

275 West Hospitality Lane, Suite 103  
San Bernardino, CA 92408

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

San Bernardino

County

Location of principal assets, if different from principal  
place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) transitphysicaltherapy.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

**7. Describe debtor's business** A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

## B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**6213****8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District \_\_\_\_\_  
District \_\_\_\_\_

When \_\_\_\_\_  
When \_\_\_\_\_

Case number \_\_\_\_\_  
Case number \_\_\_\_\_

Debtor

Transit Physical Therapy PC

Main Document

Page 3 of 70

Case Number (if known)

Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor

District

When

Relationship

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

### Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5,001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☒ \$1,000,001 - \$10 million

☐ \$500,000,001 - \$1 billion

Debtor

**Transit Physical Therapy PC**

Main Document

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Case number (if known)

Name

- ☐ \$50,001 - \$100,000  
☐ \$100,001 - \$500,000  
☐ \$500,001 - \$1 million

- ☐ \$10,000,001 - \$50 million  
☐ \$50,000,001 - \$100 million  
☐ \$100,000,001 - \$500 million

- ☐ \$1,000,000,001 - \$10 billion  
☐ \$10,000,000,001 - \$50 billion  
☐ More than \$50 billion

Debtor

**Transit Physical Therapy PC**

Main Document

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Case number (if known)

Name

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

3/20/23  
MM/DD/YYYY

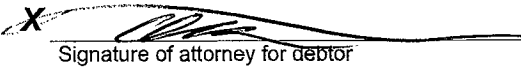
X   
Signature of authorized representative of debtor

**Mitree Michael Piromgraipakd**

Printed name

Title **President**

**18. Signature of attorney**

X   
Signature of attorney for debtor

Date

3/20/23  
MM/DD/YYYY

**Todd Turoci 160059**

Printed name

**THE TUROCI FIRM**

Firm name

**3845 Tenth Street  
Riverside, CA 92501**

Number, Street, City, State & ZIP Code

Contact phone **(888) 332-8362**

Email address **mail@theturocifirm.com**

**160059 CA**

Bar number and State

Fill in this information to identify the case:

Debtor name Transit Physical Therapy PC

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

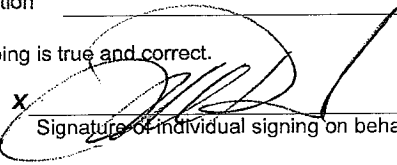
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3/20/23

 x  
\_\_\_\_\_  
Signature of individual signing on behalf of debtor

**Mitree Michael Piromgraipakd**  
\_\_\_\_\_  
Printed name

**President**  
\_\_\_\_\_  
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Transit Physical Therapy PC**  
United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**  
Case number (if known): \_\_\_\_\_

☐ Check if this is an  
amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Bank of America PO Box 660441 Dallas, TX 75266-0441	800-673-1044	Business Expenses				\$64,705.00
Bank of America PO Box 660441 Dallas, TX 75266-0441	800-673-1044	Credit Card				\$37,673.00
Canlas, Justin 11571 Aberdare Street Loma Linda, CA 92354		Pre-petition Wages				\$3,040.00
Chen, Hsien-Ying 6712 Homan Street Chino, CA 91710		Pre-petition Wages				\$3,600.00
DeGuzman, Jr, Abraham A 11547 Pembroke Street Loma Linda, CA 92354		Pre-petition Wages				\$2,800.00
Downey, Tresa L 15920 Pomona Rincon Rd, #6004 Chino Hills, CA 91709		Pre-petition Wages				\$2,960.00
Everest Business Funding 8200 NW 52 Terrace, Fl. 2 Miami, FL 33166	collectionsmgt@ev-bf.com 800-619-2943	Loan	Disputed	\$350,000.00	\$2,700,328.00	\$350,000.00
Howenstein, Briana M 25991 Newport Ave Loma Linda, CA 92354		Pre-petition Wages				\$2,736.00

Debtor **Transit Physical Therapy PC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Itria Ventures, LLC One Penn Plaza, Suite 3101 New York, NY 10119		All Assets	Disputed	\$400,000.00	\$2,700,328.00	\$365,858.00
Khaleghifar, Mohammad 7779 Sweet Ranch Circle Riverside, CA 92507		Pre-petition Wages				\$4,639.99
Martin, Jeandra S 11272 San Juan Street Apt B Loma Linda, CA 92354		Pre-petition Wages				\$3,600.00
Odabe, Carolyn C 26491 Cornell Street Loma Linda, CA 92354		Pre-petition Wages				\$3,600.00
Olloqui, Eric 2930 W Rialto Avenue Spc 32 Rialto, CA 92376		Pre-petition Wages				\$2,713.60
Ong, Justin Henry K 401 Santa Cruz Road Arcadia, CA 91007		Pre-petition Wages				\$2,800.00
Patterson, Paula J 8940 Hamilton Street Rancho Cucamonga, CA 91701		Pre-petition Wages				\$3,840.00
Seamless Capital Group LLC c/o Boris Yankovich, Esq. 17 State Street, Suite 4000 New York, NY 10004	Avi Dahan avi@seamlesscapit algroup.com 917-200-5499	Loan	Disputed	\$392,088.00	\$2,700,328.00	\$392,088.00
Stock, Allyson K 1400 Barton Rd, Apt #2710 Redlands, CA 92373		Pre-petition Wages				\$3,360.00
Toole, Chelsea A 18345 Evening Primrose Lane San Bernardino, CA 92407		Pre-petition Wages				\$3,180.00



Debtor **Transit Physical Therapy PC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
U.S. Small Business Administration Attn: So Cal Legal Unit 330 North Brand Boulevard, Suite 12 Glendale, CA 91203-2304		Civil Unrest Loan				\$80,000.00
US Bank Equipment Finance 1310 Madrid Street Marshall, MN 56258		3 leased MX-3571 Copiers		\$19,224.00	\$3,000.00	\$16,224.00

**United States Bankruptcy Court****Central District of California**In re Transit Physical Therapy PC

Debtor(s)

Case No.

Chapter

11**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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**-NONE-****DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date

3/20/2023

Signature

Mitree Michael Piromgraiapakd

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**STATEMENT OF RELATED CASES**  
**INFORMATION REQUIRED BY LBR 1015-2**  
**UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Riverside, CA, California.

Date: 3/20/2023

  
Mikree Michael Piromgrasakd  
Signature of Debtor 1

\_\_\_\_\_  
Signature of Debtor 2

**Fill in this information to identify the case:**Debtor name Transit Physical Therapy PCUnited States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 2,700,328.00**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 2,700,328.00**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 3,827,498.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 137,361.19**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 182,378.00**4. Total liabilities** .....

Lines 2 + 3a + 3b

\$ 4,147,237.19

**Fill in this information to identify the case:**Debtor name Transit Physical Therapy PCUnited States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Location: Bank of AmericaBusiness Checking5032\$100.003.2. Location: Bank of AmericaBusiness Checking8827\$100.003.3. Location: Bank of AmericaBusiness Checking2326\$76,218.003.4. Location: Wells Fargo BankBusiness Checking4587\$98,000.00**4. Other cash equivalents (Identify all)**4.1. Expected Employee Retention Credit Tax Refund from the IRS\$400,000.00**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$574,418.00****Part 2: Deposits and Prepayments**

Debtor **Transit Physical Therapy PC**  
Name

Case number (if known)

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

7.1. **Security Deposit Fontana Sierra Lakes Lease** **\$9,505.00**

7.2. **Security Deposit Loma Linda Lease** **\$3,774.00**

7.3. **Security Deposit Rialto Lease** **\$0.00**

7.4. **Security Deposit Riverside Latham Street Lease** **\$1,997.00**

7.5. **Security Deposit Riverside Market Street Lease** **\$0.00**

7.6. **Security Deposit San Bernardino Lease Suite 100** **\$21,150.00**

7.7. **Security Deposit San Bernardino Lease Suite 103** **\$2,345.00**

7.8. **Security Deposit San Bernardino Lease Suite 102** **\$1,994.00**

7.9. **Security Deposit West Covina Lease** **\$12,254.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$53,019.00**

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

Debtor **Transit Physical Therapy PC**  
Name

Case number (If known)

11a. 90 days old or less: 2,200,289.00 - 440,058.00 = .... \$1,760,231.00  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 887,219.00 - 775,217.00 = .... \$112,002.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$1,872,233.00**

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture 40 Desks, 120 Office Chairs, 30 Metal Carts, 6 File Cabinets, 6 Refrigerators, 8 Microwaves, 7 Washer/Dryer Combo, 8 Coffee/Lunch Tables, 5 Couches, 40 Waiting Room Chairs, and 25 Indoor Plants	\$50,000.00	Comparable sale	\$24,525.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software 40 Desktop Computers, 60 Chromebook Laptops, 15 Printers, 40 Computer Monitors, 26 Televisions, 4 Coffee Machines, 6 Water Dispensers, 30 Staplers, 5 First Aid Kits, and 10 Paper Shredders	\$60,000.00	Comparable sale	\$19,355.00

Debtor Transit Physical Therapy PC  
Name

Case number (if known)

<b>3 leased MX-3571 Copiers</b>	<b>\$14,000.00</b>	<b>Comparable sale</b>	<b>\$3,000.00</b>
---------------------------------	--------------------	------------------------	-------------------

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**  
Add lines 39 through 42. Copy the total to line 86.

**\$46,880.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

**General description**  
Include year, make, model, and identification numbers  
(i.e., VIN, HIN, or N-number)

**Net book value of  
debtor's interest**  
(Where available)

**Valuation method used  
for current value**

**Current value of  
debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. <b>2022 Jeep Grand Wagoneer</b>	<b>\$100,000.00</b>	Comparable sale	<b>\$82,158.00</b>
---------------------------------------	---------------------	-----------------	--------------------

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

**Physical Therapy Equipment & Machines**  
18 Treatment Tables, 28 Treatment Tables  
Hi/Lo, 7 Large Treatment Tables, 4 Large  
Treatment Tables Hi/Lo, 3 Weight Smith  
Machines, 6 Total Gym Machines, 6  
Hydrocollators, 16 Massagers, 20 Electrical  
Stimulators, 20 Physioballs, 20 Foam Rollers,  
1 Parallel Bars, 1 Therapy Staircase, 5  
Treadmills, 8 Recumbent Bikes, 15 Upper Arm  
Bikes, 12 Weights, 6 Paraffin Wax Bath  
Machine, 1 Hoyer Lift, 1 Ball Toss Machine, 3  
Cold Lasers, and 5 Ultrasound Machines,

	<b>\$250,000.00</b>	Comparable sale	<b>\$71,620.00</b>
--	---------------------	-----------------	--------------------

51. **Total of Part 8.**  
Add lines 47 through 50. Copy the total to line 87.

**\$153,778.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**



Debtor Transit Physical Therapy PC Case number (if known) \_\_\_\_\_  
Name

- ☐ No  
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☐ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <u>transitphysicaltherapy.com</u>	<u>\$0.00</u>		<u>\$0.00</u>
62.	Licenses, franchises, and royalties <u>Fontana Business License</u>	<u>\$0.00</u>		<u>\$0.00</u>
	<u>Loma Linda Business License</u>	<u>\$0.00</u>		<u>\$0.00</u>
	<u>Rialto Business License</u>	<u>\$0.00</u>		<u>\$0.00</u>
	<u>Riverside Business License</u>	<u>\$0.00</u>		<u>\$0.00</u>
	<u>San Bernardino Business License</u>	<u>\$0.00</u>		<u>\$0.00</u>
	<u>West Covina Business License</u>	<u>\$0.00</u>		<u>\$0.00</u>

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☐ No  
☐ Yes

Debtor **Transit Physical Therapy PC**  
Name

Case number (if known)

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor **Transit Physical Therapy PC**  
Name

Case number (if known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$574,418.00</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$53,019.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$1,872,233.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$46,880.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$153,778.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$2,700,328.00</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$2,700,328.00</b>

## Fill in this information to identify the case:

Debtor name Transit Physical Therapy PCUnited States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>Bankers Healthcare Group, LLC</b> <small>Creditor's Name</small>  <b>10234 W State Road 84</b> <b>Davie, FL 33324</b> <small>Creditor's mailing address</small>  <b>sburke@bhg-inc.com</b> <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>7/21/2022</b> <b>Last 4 digits of account number</b> <b>0883</b> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>All Assets</b>  Describe the lien <b>[3rd] UCC-1</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$99,955.00</b>	<b>\$2,700,328.00</b>
2.2	<b>Everest Business Funding</b> <small>Creditor's Name</small>  <b>8200 NW 52 Terrace, Fl. 2</b> <b>Miami, FL 33166</b> <small>Creditor's mailing address</small>  <b>collectionsmgt@ev-bf.com</b> <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>3/2023</b> <b>Last 4 digits of account number</b> Do multiple creditors have an interest in the same property? <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>All Assets</b>  Describe the lien <b>[6th] UCC-1</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	<b>\$350,000.00</b>	<b>\$2,700,328.00</b>

Debtor **Transit Physical Therapy PC**

Name

Case number (if known)

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☒ Disputed**2.3 Itria Ventures, LLC**

Creditor's Name

**One Penn Plaza, Suite 3101  
New York, NY 10119**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**11/25/2022**

Last 4 digits of account number

**5302**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$400,000.00****\$2,700,328.00****All Assets**

Describe the lien

**[4th] UCC-1**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.4 Seamless Capital Group LLC**

Creditor's Name

**c/o Boris Yankovich, Esq.  
17 State Street, Suite 4000  
New York, NY 10004**

Creditor's mailing address

**avi@seamlesscapitalgroup.  
com**

Creditor's email address, if known

Date debt was incurred

**02/21/2022**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$392,088.00****\$2,700,328.00****All Assets**

Describe the lien

**[5th] UCC-1**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.5 U.S. Small Business Administration**

Creditor's Name

**Attn: So Cal Legal Unit  
330 North Brand  
Boulevard, Suite 12  
Glendale, CA 91203-2304**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$2,066,231.00****\$2,700,328.00****All Assets**

Describe the lien

Debtor

Transit Physical Therapy PC

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Case number (if known)

Name

**[2nd] UCC-1**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

4/7/2020

Last 4 digits of account number

EIDL

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.6

**U.S. Small Business Administration**

Creditor's Name

Attn: So Cal Legal Unit  
330 North Brand  
Boulevard, Suite 12  
Glendale, CA 91203-2304

Creditor's mailing address

Describe debtor's property that is subject to a lien

All Asset

\$500,000.00

\$2,700,328.00

Creditor's email address, if known

Date debt was incurred

12/06/2021

Last 4 digits of account number

Disaster Relief

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

**[1st] UCC-1**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.7

**US Bank Equipment Finance**

Creditor's Name

1310 Madrid Street  
Marshall, MN 56258

Creditor's mailing address

Describe debtor's property that is subject to a lien

3 leased MX-3571 Copiers

\$19,224.00

\$3,000.00

Creditor's email address, if known

Date debt was incurred

4/29/2021

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe the lien

**UCC-1**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Transit Physical Therapy PC**

Name

Case number (if known)

☒ No☐ Contingent☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$3,827,498.0**  
**0****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?Last 4 digits of  
account number for  
this entity**Banker's Healthcare Group LLC**  
**Albert Crawford, Agent for Service**  
**of process**  
**10234 W. State Road 84**  
**Davie, FL 33324**Line 2.1**BHG Financial**  
**201 Solor Street**  
**Syracuse, NY 13204**Line 2.1**Bizfund LLC**  
**2371 MacDonald Ave 2nd Floor**  
**Brooklyn, NY 11223**Line 2.2**CBE Office Solutions**  
**Headquarters**  
**c/o Yossi Carmil, CEO**  
**2845 N. Omaha St.**  
**Mesa, AZ 85215**Line 2.7**Everest Business Funding, LLC**  
**NRAI SERVICES, INC., Agent for proc**  
**1200 SOUTH PINE ISLAND ROAD**  
**Plantation, FL 33324**Line 2.2**Everest Business Funding, LLC**  
**8200 NW 52 TERRACE, STE. 200**  
**Dora, FL 33166**Line 2.2**Itria Ventures LLC**  
**Corporation Service Comapny, agent**  
**for service of process**  
**80 STATE STREET**  
**Albany, NY 12207**Line 2.3**Seamless Capital Group LLC**  
**2329 Nostrand Ave**  
**Brooklyn, NY 11210**Line 2.4**Seamless Capital Group LLC**  
**HAZAN, RAPHAEL, Agent for process**  
**17560 ATLANTIC BLVD**  
**APT 410 BUILDING #2**  
**Sunny Isles Beach, FL 33160**Line 2.4

Debtor **Transit Physical Therapy PC** Main Document Page 24 of 70  
Name Case number (if known)

**US Bank Equipment Finance**  
**Corporate Office**  
**4A Mason St**  
**Irvine, CA 92618**

Line 2.7



**Fill in this information to identify the case:**Debtor name **Transit Physical Therapy PC**United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Archer, Orlando T</b> <b>12414 4th St, Space 9</b> <b>Yucaipa, CA 92399</b>  Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>  Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Pre-petition Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$620.00</b> <b>\$620.00</b>
2.2	Priority creditor's name and mailing address <b>Bautista, Luis E</b> <b>1676 Bryn Mawr Court</b> <b>Colton, CA 92324</b>  Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>  Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Pre-petition Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,840.00</b> <b>\$1,840.00</b>

Debtor

Transit Physical Therapy PC

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Case number (if known)

<b>2.3</b>	<b>Priority creditor's name and mailing address</b> <b>Blue, Lauren C</b> <b>10400 Arrow Route #V18</b> <b>Rancho Cucamonga, CA 91730</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,280.00</b>	<b>\$1,280.00</b>
<b>Date or dates debt was incurred</b> <b>3/6/23 - 3/17/23</b>		<b>Basis for the claim:</b> <b>Pre-petition Wages</b>		
<b>Last 4 digits of account number</b> <b>6275</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</b>				
<hr/>				
<b>2.4</b>	<b>Priority creditor's name and mailing address</b> <b>Botros, Enas H</b> <b>7249 Las Palmas Dr</b> <b>Fontana, CA 92336</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,160.00</b>	<b>\$2,160.00</b>
<b>Date or dates debt was incurred</b> <b>3/6/23 - 3/17/23</b>		<b>Basis for the claim:</b> <b>Pre-petition Wages</b>		
<b>Last 4 digits of account number</b> <b>6275</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</b>				
<hr/>				
<b>2.5</b>	<b>Priority creditor's name and mailing address</b> <b>Canlas, Justin</b> <b>11571 Aberdare Street</b> <b>Loma Linda, CA 92354</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,040.00</b>	<b>\$3,040.00</b>
<b>Date or dates debt was incurred</b> <b>3/6/23 - 3/17/23</b>		<b>Basis for the claim:</b> <b>Pre-petition Wages</b>		
<b>Last 4 digits of account number</b> <b>6275</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</b>				
<hr/>				
<b>2.6</b>	<b>Priority creditor's name and mailing address</b> <b>Castaneda, Sheyla I</b> <b>1140 Chestnut St</b> <b>San Bernardino, CA 92410</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$672.00</b>	<b>\$672.00</b>
<b>Date or dates debt was incurred</b> <b>3/6/23 - 3/17/23</b>		<b>Basis for the claim:</b> <b>Pre-petition Wages</b>		
<b>Last 4 digits of account number</b> <b>6275</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</b>				

Debtor

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Case number (if known)

2.7	Priority creditor's name and mailing address <b>Castillo, Ashley</b> <b>16748 Paine St</b> <b>Fontana, CA 92336</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,360.00</b>	<b>\$1,360.00</b>
	Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>	Basis for the claim: <b>Pre-petition Wages</b>		
	Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.8	Priority creditor's name and mailing address <b>Cervantes, Candice G</b> <b>6688 Osbun Road</b> <b>San Bernardino, CA 92404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,680.00</b>	<b>\$160.00</b>
	Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>	Basis for the claim: <b>Pre-petition Wages</b>		
	Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address <b>Chen, Hsien-Ying</b> <b>6712 Homan Street</b> <b>Chino, CA 91710</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,600.00</b>	<b>\$3,600.00</b>
	Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>	Basis for the claim: <b>Pre-petition Wages</b>		
	Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address <b>Christiansen, Steven L</b> <b>3782 Modesto Drive</b> <b>San Bernardino, CA 92404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,640.00</b>	<b>\$2,640.00</b>
	Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>	Basis for the claim: <b>Pre-petition Wages</b>		
	Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.11	Priority creditor's name and mailing address <b>Conarroe, Vita L</b> <b>14330 Quail Court</b> <b>Fontana, CA 92336</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$462.00</b>	<b>\$462.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.12	Priority creditor's name and mailing address <b>Cooper, Lisa B</b> <b>26200 Redlands Blvd, #13</b> <b>Redlands, CA 92373</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,480.00</b>	<b>\$2,480.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address <b>Cortez, Soriya D</b> <b>1940 Pennsylvania Ave</b> <b>Colton, CA 92324</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$864.00</b>	<b>\$864.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.14	Priority creditor's name and mailing address <b>De Gracia, Kurt Gregory B</b> <b>11560 Pembroke Street</b> <b>Loma Linda, CA 92354</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,240.00</b>	<b>\$1,240.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.15	Priority creditor's name and mailing address <b>DeGuzman, Jr, Abraham A</b> <b>11547 Pembroke Street</b> <b>Loma Linda, CA 92354</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,800.00</b>	<b>\$2,800.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.16	Priority creditor's name and mailing address <b>Downey, Tresa L</b> <b>15920 Pomona Rincon Rd, #6004</b> <b>Chino Hills, CA 91709</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,960.00</b>	<b>\$2,960.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.17	Priority creditor's name and mailing address <b>Duemer, Blake A</b> <b>7860 Dufferin Avenue</b> <b>Riverside, CA 92504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$832.00</b>	<b>\$832.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.18	Priority creditor's name and mailing address <b>Enciso, Alma R</b> <b>843 South J Street</b> <b>San Bernardino, CA 92410</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,760.00</b>	<b>\$1,760.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.19	Priority creditor's name and mailing address <b>Farhoud, Danna T</b> <b>2544 Shady Glen Lane</b> <b>San Bernardino, CA 92408</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,240.00</b>	<b>\$1,240.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.20	Priority creditor's name and mailing address <b>Fuertes, Ashley K</b> <b>730 W Margarita Drive</b> <b>Rialto, CA 92376</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,440.00</b>	<b>\$1,440.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.21	Priority creditor's name and mailing address <b>Gaeta, Stephanie</b> <b>1375 N Coral Tree Road</b> <b>Colton, CA 92324</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,280.00</b>	<b>\$1,280.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.22	Priority creditor's name and mailing address <b>Gaona, Ana M</b> <b>589 E Van Koevering Street</b> <b>Rialto, CA 92376</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,520.00</b>	<b>\$1,520.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.23	Priority creditor's name and mailing address <b>Garcia Tellez, Lourdes</b> <b>6001 Vista de Oro</b> <b>Riverside, CA 92509</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,440.00</b>	<b>\$1,440.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.24	Priority creditor's name and mailing address <b>Garcia, Luisa</b> <b>4074 Mirada Street</b> <b>Highland, CA 92346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,280.00</b>	<b>\$1,280.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.25	Priority creditor's name and mailing address <b>Godinez, Georgina</b> <b>934 West Mesa Drive</b> <b>Rialto, CA 92376</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,360.00</b>	<b>\$1,360.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.26	Priority creditor's name and mailing address <b>Gonzalez, Erick G</b> <b>11613 Old Field Ave</b> <b>Fontana, CA 92337</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,280.00</b>	<b>\$1,280.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.27	Priority creditor's name and mailing address <b>Gutierrez, Darlene C</b> <b>7171 Tippecanoe Ave</b> <b>San Bernardino, CA 92404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,840.00</b>	<b>\$1,840.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.28	Priority creditor's name and mailing address <b>Gutierrez, Marissa</b> <b>1166 Via San Remo St</b> <b>Redlands, CA 92374</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,440.00</b>	<b>\$1,440.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.29	Priority creditor's name and mailing address <b>Gutierrez, Tanya</b> <b>25835 Kuffel Road</b> <b>Sun City, CA 92585</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,440.00</b>	<b>\$1,440.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.30	Priority creditor's name and mailing address <b>Harding, Brandonice R</b> <b>1069 West Second St, Apt A</b> <b>Rialto, CA 92376</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,280.00</b>	<b>\$1,280.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.31	Priority creditor's name and mailing address <b>Hernandez, Samantha</b> <b>12792 Pacoima Road</b> <b>Victorville, CA 92392</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,441.60</b>	<b>\$1,441.60</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.32	Priority creditor's name and mailing address <b>Howenstein, Briana M</b> <b>25991 Newport Ave</b> <b>Loma Linda, CA 92354</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,736.00</b>	<b>\$2,736.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.33	Priority creditor's name and mailing address <b>Ibarra, Christina M</b> <b>1507 W Base Line St</b> <b>San Bernardino, CA 92411</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,440.00</b>	<b>\$1,440.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.34	Priority creditor's name and mailing address <b>Jones-Lilley, Sheila R</b> <b>4795 San Miguel Ave</b> <b>San Bernardino, CA 92407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,640.00</b>	<b>\$2,640.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.35	Priority creditor's name and mailing address <b>Khaleghifar, Mohammad</b> <b>7779 Sweet Ranch Circle</b> <b>Riverside, CA 92507</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,639.99</b>	<b>\$4,639.99</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.36	Priority creditor's name and mailing address <b>Letts, Miguel A</b> <b>25590 Prospect Ave, #16F</b> <b>Loma Linda, CA 92354</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,280.00</b>	<b>\$1,280.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.37	Priority creditor's name and mailing address <b>Lopez-Rosas, Cristina</b> <b>1481 Oak Hill Court</b> <b>Upland, CA 91784</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,680.00</b>	<b>\$1,680.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.38	Priority creditor's name and mailing address <b>Martin, Jeandra S</b> <b>11272 San Juan Street Apt B</b> <b>Loma Linda, CA 92354</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,600.00</b>	<b>\$3,600.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.39	Priority creditor's name and mailing address <b>Mendoza Pina, Teresita</b> <b>PO Box 3526</b> <b>Big Bear Lake, CA 92315</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,840.00</b>	<b>\$1,840.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.40	Priority creditor's name and mailing address <b>Mondragon Jimenez, Susana</b> <b>3522 Vermont Street</b> <b>San Bernardino, CA 92407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,520.00</b>	<b>\$1,520.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.41	Priority creditor's name and mailing address <b>Moreno, Amanda N</b> <b>13983 Chagall Court, Apt 79</b> <b>Moreno Valley, CA 92553</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,600.00</b>	<b>\$1,600.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.42	Priority creditor's name and mailing address <b>Moreno, Joanna</b> <b>714 South Dallas Ave</b> <b>San Bernardino, CA 92410</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,400.00</b>	<b>\$2,400.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.43	Priority creditor's name and mailing address <b>Munoz, Alondra C</b> <b>1011 Western Avenue</b> <b>Colton, CA 92324</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,360.00</b>	<b>\$1,360.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.44	Priority creditor's name and mailing address <b>Navarro, Jeanet E</b> <b>7263 Fairfax Drive</b> <b>San Bernardino, CA 92404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,000.00</b>	<b>\$2,000.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.45	Priority creditor's name and mailing address <b>Navarro, Josie S</b> <b>7263 Fairfax Dr</b> <b>San Bernardino, CA 92404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,520.00</b>	<b>\$1,520.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.46	Priority creditor's name and mailing address <b>Nerey, Alexis S</b> <b>15538 Saldana Court</b> <b>Fontana, CA 92337</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,280.00</b>	<b>\$1,280.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.47	Priority creditor's name and mailing address <b>Nillo, Ria</b> <b>1555 Orange Ave, #506</b> <b>Redlands, CA 92373</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,560.00</b>	<b>\$2,560.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.48	Priority creditor's name and mailing address <b>Odabe, Carolyn C</b> <b>26491 Cornell Street</b> <b>Loma Linda, CA 92354</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,600.00</b>	<b>\$3,600.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.49	Priority creditor's name and mailing address <b>Olloqui, Eric</b> <b>2930 W Rialto Avenue Spc 32</b> <b>Rialto, CA 92376</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,713.60</b>	<b>\$2,713.60</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.50	Priority creditor's name and mailing address <b>Ong, Justin Henry K</b> <b>401 Santa Cruz Road</b> <b>Arcadia, CA 91007</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,800.00</b>	<b>\$2,800.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.51	Priority creditor's name and mailing address <b>Patterson, Paula J</b> <b>8940 Hamilton Street</b> <b>Rancho Cucamonga, CA 91701</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,840.00</b>	<b>\$3,840.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.52	Priority creditor's name and mailing address <b>Perez, Charles</b> <b>1833 Main Street</b> <b>Riverside, CA 92501</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,400.00</b>	<b>\$2,400.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.53	Priority creditor's name and mailing address <b>Perez, Rafael</b> <b>2499 Baldrige Canyon Dr</b> <b>Highland, CA 92346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,360.00</b>	<b>\$1,360.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.54	Priority creditor's name and mailing address <b>Piromgraiapakd, Elena J</b> <b>10985 Satsuma Street</b> <b>Loma Linda, CA 92354</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,000.00</b>	<b>\$6,000.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.55	Priority creditor's name and mailing address <b>Piomgraiakd, Mitree M</b> <b>10985 Satsuma Street</b> <b>Loma Linda, CA 92354</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,000.00</b>	<b>\$7,000.00</b>
	Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>	Basis for the claim: <b>Pre-petition Wages</b>		
	Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.56	Priority creditor's name and mailing address <b>Ramirez, Jenny</b> <b>723 N Lassen</b> <b>San Bernardino, CA 92410</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,560.00</b>	<b>\$2,560.00</b>
	Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>	Basis for the claim: <b>Pre-petition Wages</b>		
	Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.57	Priority creditor's name and mailing address <b>Rodriguez Bernal, Estephanie</b> <b>16160 Orange Court</b> <b>Fontana, CA 92335</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,560.00</b>	<b>\$1,560.00</b>
	Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>	Basis for the claim: <b>Pre-petition Wages</b>		
	Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.58	Priority creditor's name and mailing address <b>Rodriguez, Erick R</b> <b>1555 Orange Ave, Unit 305</b> <b>Redlands, CA 92373</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,200.00</b>	<b>\$1,200.00</b>
	Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>	Basis for the claim: <b>Pre-petition Wages</b>		
	Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.59	Priority creditor's name and mailing address <b>Rolle-Roda, Michelle Mendiola</b> <b>1432 Red Bird Court</b> <b>Redlands, CA 92374</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$880.00</b>	<b>\$880.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.60	Priority creditor's name and mailing address <b>Sison, Stephanie S</b> <b>4250 Hale Street</b> <b>Riverside, CA 92501</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$832.00</b>	<b>\$832.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.61	Priority creditor's name and mailing address <b>Siu, Michelle K</b> <b>19930 E Country Hollow Dr</b> <b>Walnut, CA 91789</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$768.00</b>	<b>\$768.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.62	Priority creditor's name and mailing address <b>Stock, Allyson K</b> <b>1400 Barton Rd, Apt #2710</b> <b>Redlands, CA 92373</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,360.00</b>	<b>\$3,360.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.63	Priority creditor's name and mailing address <b>Sun, Carrian</b> <b>727 E Lavendar Way</b> <b>Azusa, CA 91702</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,280.00</b>	<b>\$1,280.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.64	Priority creditor's name and mailing address <b>Tomasello, Tammie J</b> <b>PO Box 2304</b> <b>Crestline, CA 92325</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,760.00</b>	<b>\$1,760.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.65	Priority creditor's name and mailing address <b>Toole, Chelsea A</b> <b>18345 Evening Primrose Lane</b> <b>San Bernardino, CA 92407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,180.00</b>	<b>\$3,180.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.66	Priority creditor's name and mailing address <b>Toscano, Marlyn</b> <b>1128 W Victoria Street</b> <b>San Bernardino, CA 92411</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,520.00</b>	<b>\$1,520.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>		
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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<div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">2.67</div>	Priority creditor's name and mailing address <b>Tse, Wai Lan</b> <b>14748 Moon Crest Ln, Unit C</b> <b>Chino Hills, CA 91709</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,100.00</b> <b>\$2,100.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>	
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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<div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">2.68</div>	Priority creditor's name and mailing address <b>Uribe, Sarai E</b> <b>35524 Penrose Lane</b> <b>Yucaipa, CA 92399</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$620.00</b> <b>\$620.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>	
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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<div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">2.69</div>	Priority creditor's name and mailing address <b>Ye-Cao, Kevin J</b> <b>3117 Adelia Ave, Apt # 28</b> <b>South El Monte, CA 91733</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,360.00</b> <b>\$1,360.00</b>
Date or dates debt was incurred <b>3/6/23 - 3/17/23</b>		Basis for the claim: <b>Pre-petition Wages</b>	
Last 4 digits of account number <b>6275</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

<div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">3.1</div>	Nonpriority creditor's name and mailing address <b>Bank of America</b> <b>PO Box 660441</b> <b>Dallas, TX 75266-0441</b> Date(s) debt was incurred <b>2022</b> Last 4 digits of account number <b>5461</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Credit Card</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$64,705.00</b>
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<div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">3.2</div>	Nonpriority creditor's name and mailing address <b>Bank of America</b> <b>PO Box 660441</b> <b>Dallas, TX 75266-0441</b> Date(s) debt was incurred <b>2022</b> Last 4 digits of account number <b>7384</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Credit Card</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,673.00</b>
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Debtor **Transit Physical Therapy PC**

Case number (if known)

Name

3.3 Nonpriority creditor's name and mailing address

**U.S. Small Business Administration**  
**Attn: So Cal Legal Unit**  
**330 North Brand Boulevard, Suite 12**  
**Glendale, CA 91203-2304**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

**\$80,000.00**☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Civil Unrest Loan**Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

**Total of claim amounts**5a. \$ **137,361.19**5b. + \$ **182,378.00**5c. \$ **319,739.19**

## Fill in this information to identify the case:

Debtor name **Transit Physical Therapy PC**United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

## 1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

## 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Riverside Lantham  
Street Lease - Expired  
on November 1, 2021  
(Non-Operational)  
Month to Month****1902 Orange Tree Lane, LLC  
225 West Hospitality Ln., Ste 315  
San Bernardino, CA 92408**

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Loma Linda Lease - 5  
Year Lease  
commencing 6/1/2022  
and ending 5/31/2027  
Aprox. 4 years, 3  
months****25915 Barton Road, LLC  
25805 BARTON ROAD, Ste A106  
Loma Linda, CA 92354**

2.3. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Riverside Market Street  
Lease - Commencing  
June 3, 2022 and  
ending on December  
31, 2029  
Aprox. 6 years, 9  
months****ATLAS 999, LLC  
468 S HUMANE WAY  
Pomona, CA 91766**

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**West Covina Lease -  
Commencing on June  
1, 2021 and ending on  
September 30, 2028  
Aprox. 4 years, 6  
months****Barranca Tower, LLC  
Barranca Tower  
100 North Barranca Street, Ste 200  
West Covina, CA 91791**

Debtor 1

Transit Physical Therapy PC

Main Document

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First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- |       |  |  |  |
|-------|--|--|--|
| 2.5.  | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | <b>Fontana Lease - Term begins 7 months after Landlord completes work and ends on the last day of the 120th month.</b><br><br>CMK2 Fontana, LLC<br>ONE TOWN CENTER ROAD, SUITE 300<br>Boca Raton, FL 33486   |  |
| <hr/> |  |  |  |
| 2.6.  | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | <b>San Bernardino Lease- Commencing on August 1, 2019 and ending on July 31, 2024 Services five different areas of therapy in Suites 100 (divided into 2 offices), 102, 103, and 313. Aprox. 1 year, 4 months</b><br><br>Hospitality Executive Center, LLC<br>100 N. BARRANCA STREET, SUITE 200<br>West Covina, CA 91791 |  |
| <hr/> |  |  |  |
| 2.7.  | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | <b>Rialto Lease - 10 year lease beginning November 1, 2018</b><br><br><b>Aprox 5 years, 8 months</b><br><br>Rialto Building Partners, LLC<br>St. Bernardines Medical Plaza<br>30242 ESPERANZA<br>Rancho Santa Margarita, CA 92688  |  |
| <hr/> |  |  |  |
| 2.8.  | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | <b>Lease for 3 MX-3571 Copiers - comencing April 2021 ending July 2026</b><br><br><b>Aprox. 3 years, 4 months</b><br><br>US Bank Equipment Finance<br>1310 Madrid Street<br>Marshall, MN 56258   |  |

## Fill in this information to identify the case:

Debtor name Transit Physical Therapy PCUnited States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filingOfficial Form 206H  
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Mitree M Piromgraipakd D/B/A Remnan	2270 South Cordillera Ave Colton, CA 92324	Seamless Capital Group LLC	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Mitree Michael Piromgraipakd	10985 Satsuma Street Loma Linda, CA 92354	Bankers Healthcare Group, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Mitree Michael Piromgraipakd	10985 Satsuma Street Loma Linda, CA 92354	Itria Ventures, LLC	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Mitree Michael Piromgraipakd	10985 Satsuma Street Loma Linda, CA 92354	Seamless Capital Group LLC	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Mitree Michael Piromgraipakd	10985 Satsuma Street Loma Linda, CA 92354	Bank of America	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____

Debtor **Transit Physical Therapy PC**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.  
Column 1: Codebtor Column 2: Creditor

2.6	<b>Mitree Michael Piromgraipakd</b>	<b>10985 Satsuma Street Loma Linda, CA 92354</b>	<b>Bank of America</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <b>3.2</b> <input type="checkbox"/> G _____
2.7	<b>Mitree Michael Piromgraipakd</b>	<b>10985 Satsuma Street Loma Linda, CA 92354</b>	<b>Everest Business Funding</b>	<input checked="" type="checkbox"/> D <b>2.2</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.8	<b>Mitree Michael Piromgraipakd</b>	<b>10985 Satsuma Street Loma Linda, CA 92354</b>	<b>U.S. Small Business Administration</b>	<input checked="" type="checkbox"/> D <b>2.5</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.9	<b>Mitree Michael Piromgraipakd</b>	<b>10985 Satsuma Street Loma Linda, CA 92354</b>	<b>U.S. Small Business Administration</b>	<input checked="" type="checkbox"/> D <b>2.6</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Transit Physical Therapy PC

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:  
From 1/01/2023 to Filing Date

☒ Operating a business  
☐ Other \_\_\_\_\_

\$1,014,098.00

For prior year:  
From 1/01/2022 to 12/31/2022

☒ Operating a business  
☐ Other \_\_\_\_\_

\$3,262,319.00

For year before that:  
From 1/01/2021 to 12/31/2021

☒ Operating a business  
☐ Other \_\_\_\_\_

\$2,084,109.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply



Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. <b>Bank of America</b> <b>PO Box 660441</b> <b>Dallas, TX 75266-0441</b>	<b>2/24/2023</b>	<b>\$37,913.00</b>	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.2. <b>Bank of America</b> <b>PO Box 660441</b> <b>Dallas, TX 75266-0441</b>	<b>2/24/2023</b>	<b>\$23,000.00</b>	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.3. <b>Bankers Healthcare Group, LLC</b> <b>10234 W State Road 84</b> <b>Fort Lauderdale, FL 33324</b>	<b>12/6/22</b> <b>\$2492</b> <b>1/6/23 \$2492</b>	<b>\$4,948.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.4. <b>Itria Ventures, LLC</b> <b>One Penn Plaza, Suite 3101</b> <b>New York, NY 10119</b>	<b>12/5/22</b> <b>\$7111</b> <b>12/12/22</b> <b>\$7111</b> <b>12/19/22</b> <b>\$7111</b> <b>12/23/22</b> <b>\$7111</b> <b>12/30/22</b> <b>\$7111</b> <b>1/9/23 \$7111</b> <b>1/30/23</b> <b>\$7111</b> <b>2/13/23</b> <b>\$7111</b>	<b>\$56,888.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.5. <b>Seamless Capital Group LLC</b> <b>c/o Boris Yankovich, Esq.</b> <b>17 State Street, Suite 4000</b> <b>New York, NY 10004</b>	<b>2/22/23</b> <b>\$4997</b>	<b>\$4,997.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

4. **Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. **Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Seamless Capital Group LLC v Transit Physical Therapy PC et al 704437/2023	Breach of Contract	Supreme Court of the State of New York Queens County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

Debtor

Transit Physical Therapy PC

Main Document

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☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	THE TUROCI FIRM 3845 Tenth Street Riverside, CA 92501		03/02/2023	\$100,000.00
	Email or website address mail@theturocifirm.com			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
13.	<b>Transfers not already listed on this statement</b> List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.			

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	Transit Physical Therapy PC 25915 Barton Road, Suite 204 Loma Linda, CA	Physical Therapy	
		Location where patient records are maintained (if different from	How are records kept?

Facility name and address	Nature of the business operation, including type of services the debtor provides  facility address). If electronic, identify any service provider.	If debtor provides meals and housing, number of patients in debtor's care  Check all that apply:  <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.2. <b>Transit Physical Therapy PC</b> <b>17051 Sierra Lakes Parkway</b> <b>Fontana, CA 92366</b>	<b>Physical Therapy</b>  <b>Location where patient records are maintained</b> (if different from facility address). If electronic, identify any service provider. <b>OptimisPT</b>	<b>How are records kept?</b>  Check all that apply:  <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.3. <b>Transit Physical Therapy PC</b> <b>1850 N. Riverside Ave.</b> <b>Rialto, CA</b>	<b>Physical Therapy</b>  <b>Location where patient records are maintained</b> (if different from facility address). If electronic, identify any service provider. <b>OptimisPT</b>	<b>How are records kept?</b>  Check all that apply:  <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.4. <b>Transit Physical Therapy PC</b> <b>2280 Market Street, Suite 230</b> <b>Riverside, CA 92501</b>	<b>Physical Therapy</b>  <b>Location where patient records are maintained</b> (if different from facility address). If electronic, identify any service provider. <b>OptimisPT</b>	<b>How are records kept?</b>  Check all that apply:  <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.5. <b>Transit Physical Therapy PC</b> <b>275 W. Hospitality Lane</b> <b>Suites 100, 102, &amp; 103</b>	<b>Physical Therapy</b>  <b>Location where patient records are maintained</b> (if different from facility address). If electronic, identify any service provider. <b>OptimisPT</b>	<b>How are records kept?</b>  Check all that apply:  <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.6. <b>Transit Physical Therapy PC</b> <b>100 North Barranca Street</b> <b>West Covina, CA 91791</b>	<b>Physical Therapy</b>  <b>Location where patient records are maintained</b> (if different from facility address). If electronic, identify any service provider. <b>OptimisPT</b>	<b>How are records kept?</b>  Check all that apply:  <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.  
☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Bank of America	XXXX-5883	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	Business Checking Account Closed on or about 02/23/2023	\$194,068.72
18.2.	Bank of America	XXXX-6964	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	Business Checking Account was Closed on or about 3/16/2023. Balance transfered to account ending 2326	\$15,482.17

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
---	---	-----------------------------	----------------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
---------------------------	-----------------------------------	-----------------------------	----------------------------

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
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**26. Books, records, and financial statements**

**26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.**

- ☐ None

Name and address	Date of service From-To Current
26a.1. Denise Champion 229 Cajon Street Redlands, CA 92375	Current
26a.2. Steve Workman 29405 San Timoteo Canyon Rd Redlands, CA	Current

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

**Name and address**

**If any books of account and records are unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address**

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Mitree Michael Piromgraiakd	10985 Satsuma Street Loma Linda, CA 92354	President	100%

Name	Address	Position and nature of any interest	% of interest, if any
.			

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

## 30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Debtor Transit Physical Therapy PC

Case number (if known)

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Mitree Michael Piromgraipakd 10985 Satsuma Street Loma Linda, CA 92354	W-2 gross bi-weekly income \$7,000 per pay period	2/2022 through 3/2023	Employee Salary
	Relationship to debtor President			
30.2	Elena Piromgraipakd 10985 Satsuma Street Loma Linda, CA 92354	W-2 gross bi-weekly income \$6,000 per pay period	2/2022 through 3/2023	Employee Salary
	Relationship to debtor Spouse of President			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer identification number of the pension fund

**Part 14: Signature and Declaration**

**WARNING** — Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

3/20/23

Signature of individual signing on behalf of the debtor

Mitree Michael Piromgraipakd  
Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes



**United States Bankruptcy Court**  
**Central District of California**

In re **Transit Physical Therapy PC**

Debtor(s)

Case No.

Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>As Billed</b>
Prior to the filing of this statement I have received (including filing fee) .....	\$	<b>100,000.00</b>
Balance Due .....	\$	<b>As Billed</b>

2. \$ **1,738.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:  
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

**3/20/2023**

**Todd Turoci 160059**

*Signature of Attorney*

**THE TUROCI FIRM**

**3845 Tenth Street**

**Riverside, CA 92501**

**(888) 332-8362 Fax: (866) 762-0618**

**mail@theturocifirm.com**

*Name of law firm*

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Todd Turóci 160059 3845 Tenth Street Riverside, CA 92501 (888) 332-8362 Fax: (866) 762-0618 California State Bar Number: 160059 CA mail@theturocfirm.com	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor	
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</b>	
In re:  Transit Physical Therapy PC	CASE NO.: CHAPTER: 11
<b>VERIFICATION OF MASTER MAILING LIST OF CREDITORS</b>  [LBR 1007-1(a)]	
Debtor(s).	

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 13 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: 3/20/2023

Signature of Debtor 1

Date: \_\_\_\_\_

Signature of Debtor 2 (joint debtor) (if applicable)

Date: \_\_\_\_\_

Signature of Attorney for Debtor (if applicable)

This form is optional. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

December 2015

**F 1007-1.MAILING.LIST.VERIFICATION**

Transit Physical Therapy PC  
275 West Hospitality Lane, Suite 103  
San Bernardino, CA 92408

1902 Orange Tree Lane, LLC  
225 West Hospitality Ln., Ste 315  
San Bernardino, CA 92408

25915 Barton Road, LLC  
25805 BARTON ROAD, Ste A106  
Loma Linda, CA 92354

Archer, Orlando T  
12414 4th St, Space 9  
Yucaipa, CA 92399

ATLAS 999, LLC  
468 S HUMANE WAY  
Pomona, CA 91766

Bank of America  
PO Box 660441  
Dallas, TX 75266-0441

Banker's Healthcare Group LLC  
Albert Crawford, Agent for Service  
of process  
10234 W. State Road 84  
Davie, FL 33324

Bankers Healthcare Group, LLC  
10234 W State Road 84  
Davie, FL 33324

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Barranca Tower  
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